

**North Carolina Department of Health and Human Services**

**Division of Mental Health, Developmental  
Disabilities, and Substance Abuse Services**

**2003-2004 Performance  
Agreements with  
Area Authorities and County  
Programs**

**Report on the Fourth Quarter**

April 1, 2004 - June 30, 2004

Prepared by

**Quality Management Team  
Community Policy Management Section  
Division of Mental Health, Developmental Disabilities, and Substance Abuse Services**



August-2004

# 2003-2004 Performance Agreement Fourth Quarter Report

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## **Introduction**

### **Background**

In June 1999, the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SAS) developed the 1999-2000 Performance Agreement to replace the memorandum of agreement that historically was signed by each Area Program or County and the Division. The creation of this new contract marked a significant change in the relationship between the Division and the Area Programs and Counties. The relationship evolved into a more businesslike association characterized by the clear statement of respective responsibilities and performance requirements geared toward major program outcomes.

This shift demonstrated the Division's focus on greater accountability for the resources invested in the community-based mental health, developmental disabilities and substance abuse service system by the State and Federal governments.

As an important element in achieving such accountability, the Division employs a variety of specified methods to monitor and/or verify Area Program and County fulfillment of their responsibilities and performance requirements as spelled out in the agreements.

State Fiscal Year 2003-2004 is the fifth year the Division has used these performance agreements with its local partners. As in prior contracts, the current agreements provide that the Division will publish the results of its monitoring in periodic, quarterly reports that present Area-specific performance data, comparisons to statewide data, and cross-Area comparisons.

### **This is the fourth quarter report under the 2003-2004 Performance Agreements.**

It includes data on the performance requirements specified in Section IV of the current agreements. Some requirements are tracked on a quarterly basis. Others are tracked on a semi-annual or annual frequency. For reasons of economy, only those requirements with a report due in the fourth quarter are included in this report.

The reporting under Accountability 1 also includes corrective actions and management improvements that result from monitoring of items specified in Section III-C of the current agreement and from prior years' monitoring. These may include actions as required by the Secretary of the Department of Health and Human Services, the Division, or as committed to by Area Programs or Counties related to current or prior audits, program reviews or quality improvement processes.

The tables on the following pages list the performance requirements, allied reporting schedules and the Section or Team staff member in the reorganized Division structure to contact for information regarding the requirements and/or associated reports.

**Note:** Area Programs/Counties are no longer required to submit reports to the Division under performance requirement for the following:

Fiscal Management 2:

- Revenue Adjustment Reports
- Volume of Service: Regular UCR, CTSP UCR, MR/MI UCR

Access to Service 1:

- Children in DSS Custody

Accordingly, these requirements are removed from the quarterly reporting system.

### **Appeal Process**

If officials of an Area Program or County believe that information contained in this report is in error, the Area Program Director may make a written appeal to the Director of the Division within fifteen (15) working days of receipt of the report by the Area Program or County. The appeal should include reference to the specific requirement(s) that is/are in question, a clear and concise refutation, and any supporting documentation that can assist in the contest.

The Division Director will appoint staff to review the material submitted and to make recommendations as to a decision: either concurrence with or denial of the appeal. In either case, the Division Director will give timely written notice to the Area Director of the outcome of the appeal including the specific reason(s) leading to the decision. In cases where the Division Director concurs with the Area Program, the Division will send letters to the Area Program Director, the Area Board Chair, and the respective County Manager(s) informing them of the error. An errata sheet and/or corrected table, highlighting the correction, will be included in an appendix to the next Performance Agreement quarterly report.

Appeals should be mailed to the following address:

Michael Moseley, Director  
North Carolina DMH/DD/SAS  
3001 Mail Service Center  
Raleigh, NC 27699-3001

## 2003-2004 Performance Agreement Report Schedule

February 2004

*The table below shows which requirements will be reported by quarter or otherwise.*

Section IV Performance Requirements			Quarterly Report Schedule			
			1st	2nd	3rd	4th
Category	#	Requirement	Nov 15	Feb 15	May 15	Aug 15
<b>A. Fiscal Management</b>	1	Maintain responsible accounting, reimbursement and financial management practices so as to provide continuous unrestricted fund balance of at least one month's operational costs and to assure consistent availability of services to individuals within overall funding levels. For single counties that do not provide fund balances, county managers should provide sufficient financial backing for the program to assure consistent availability of services to individuals within overall funding levels.	<b>As Needed</b> This requirement will be measured, monitored and reported on through the pertinent performance requirements under Fiscal Management 2			
	2	Submit all reports required by law, regulations or the DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports. Such reports shall include the following:				
		a. Quarterly Fiscal Monitoring Reports	X	X	X	X
		b. Cost Finding Report		X		
		c. Quarterly Local Business Plan (LBP) updates	X	X	X	X
		d. Documentation of paybacks for non-compliance items identified during the Annual Medicaid Services Audit		X		
		e. Substance Abuse Prevention and Treatment Block Grant (SAPTBG) Compliance Report		X		X
		f. Substance Abuse/Juvenile Justice Initiative Quarterly Report	X	X	X	X
		g. TANF/Work First Initiative Quarterly Reports	X	X	X	X
	3	Pay all provider invoices within thirty (30) calendar days after approval (effective 12/1/02)				X
	4	Submit annually evidence of a current valid Trading Partner Agreement (TPA) with the IPRS Fiscal Agent				X
<b>B. Accountability</b>	1	Implement reasonable or agreed upon corrective actions and management improvements as required by the Secretary, the Division, or as committed to by the Area Program from audits, program reviews or quality improvement processes	X	X	X	X
	2	Maintain accreditation by a nationally recognized accrediting body	X	X	X	X
	3	Submit timely and complete client data reports for all clients as specified in each of following categories:				
		a. Client Data Warehouse (CDW)	X	X	X	X
		b. Client Outcome Initiative (COI)	X	X	X	X
		c. NC Treatment Outcomes and Program Performance System (TOPPS) Assessments				X
		d. Participate in the Developmental Disabilities Core Indicators Project			X	
		e. Local Community Collaboratives will submit CTSP waiting list data	X	X	X	X
		f. Complete the NC SNAP				X
<b>C. Client Rights and Relations</b>	1	Administer the Division Client Satisfaction Surveys to Mental Health and Substance Abuse clients, consistent with Division standards and submit data received according to Division guidelines		X		
<b>D. Service Delivery</b>	1	Offer an appointment to see individuals who choose the AA/CP for follow-up care within five (5) working days after notification to the AA/CP of discharge from state hospitals and ADATCs. If the individual does not attend the appointment (i.e., no show), the AA/CP will document that reasonable professional efforts were made to see or reschedule the person. Adult Mental Health and Substance Abuse Services				X

PA 03-04 Report Schedule, Q2

### 2003-2004 Performance Agreement Contact List

The table below shows the Division Section or Team staff member to contact for information regarding the listed Section IV performance requirements and/or reports on those requirements.

Category	#	Section IV Requirement (abbreviated)	Division/ Team Contact Person	Phone/Email	Address
<b>A. Fiscal Management</b>	1	Maintain responsible accounting, reimbursement and financial management practices	Rick DeBell, Budget & Finance Team	(919) 733-7013 Rick.DeBell@ncmail.net	Budget & Finance Team 3013 Mail Service Center Raleigh, NC 27699-3013
	2	Submit all reports required by law, regulations or DHHS:			
	a	Quarterly Fiscal Monitoring Reports	Rick DeBell, Budget & Finance Team	(919) 733-7013 Rick.DeBell@ncmail.net	Budget & Finance Team 3013 Mail Service Center Raleigh, NC 27699-3013
	b	Cost Finding Report	Rick DeBell, Budget & Finance Team	(919) 733-7013 Rick.DeBell@ncmail.net	Budget & Finance Team 3013 Mail Service Center Raleigh, NC 27699-3013
	c	Quarterly Report Local Business Plan	Dick Oliver Local Management Entity Team Systems Performance Team	(919) 715-1294 Dick.Oliver@ncmail.net	LME Systems Performance Team 3015 Mial Service Center Raleigh, NC 27699-3015
	d	Documentation of paybacks for non-compliance items identified during the Annual Medicaid Audit	Maxine Terry, Accountability Team	(919) 881-2446 Maxine.Terry@ncmail.net	Accountability Team MSC 3012 Raleigh, NC 27699-3012
	e	Substance Abuse Prevention and Treatment Block Grant (SAPTBG) Compliance Report	Terrie Qadura, Quality Management Team	(919)733-0696 Terrie.Qadura@ncmail.net	Quality Management Team 3004 Mail Service Center Raleigh, NC 27699-3004
	f	Substance Abuse/Juvenile Justice Initiative Quarterly Reports	Terrie Qadura, Quality Management Team	(919)733-0696 Terrie.Qadura@ncmail.net	Quality Management Team 3004 Mail Service Center Raleigh, NC 27699-3004
	g	TANF/Work First Initiative	Smith Worth, Quality Management Team	(919) 733-0696 Smith.Worth@ ncmail.net	Quality Management Team 3004 Mail Service Center Raleigh, NC 27699-3004
	h	IPRS Submissions	Deborah Merrill Information Systems Team	(919) 715-7774 Deborah.Merrill@ncmail.net	Community Policy Management Section 3007 Mail Service Cente Raleigh, NC 27699-3007
	3	Pay all provider invoices within thirty (30) calendar days after approval (effective 12/1/02)	Rick DeBell, Budget & Finance Team	(919) 733-7013 Rick.DeBell@ncmail.net	Budget & Finance Team 3013 Mail Service Center Raleigh, NC 27699-3013
	4	Submit annually evidence of a current valid Trading Partner Agreement (TPA) with the IPRS Fiscal Agent	NA , Information Systems Team	(919) 715-7774 NA	Information Systems Team 3019 Mail Service Center Raleigh, NC 27699-3019
<b>B. Accountability</b>	1	Implement corrective actions and management improvements as required	Contact person for Section/Branch issuing the corrective action		
	2	Achieve and maintain accreditation.	Shealy Thompson Quality Management Team	(919) 733-0696 Shealy.Thompson@ncmail.net	Quality Management Team 3004 Mail Service Center Raleigh, NC 27699-3004
	3	Submit timely and complete client data reports:			
	a	Client Data Warehouse (CDW)	Deborah Merrill, Information Systems Team	(919) 715-7774 Deborah.Merrill@ncmail.net	Information Systems Team 3019 Mail Service Center Raleigh, NC 27699-3019
	b	Client Outcomes Instrument (COI)	Maria Fernandez, Quality Management Team	(919) 733-0696 Maria.Fernandez@ncmail.net	Quality Management Team 3004 Mail Service Center Raleigh, NC 27699-3004
	c	NC Treatment Outcomes and Program Performance System (NCTOPPS) Assessment	Spencer Clark, Community Policy Management	(919) 733-4670 Spencer.Clark@ncmail. net	Community Policy Management Section 3007 Mail Service Center Raleigh, NC 27699-3007
	d	Participate in the Developmental Disabilities Core Indicator Project	Candy Helms, Quality Management Team	(919) 733-0696 Candy.Helms@ ncmail.net	Quality Management Team 3004 Mail Service Center Raleigh, NC 27699-3004
	e	Local Community Collaboratives will submit CTSP waiting list data	Maria Fernandez, Quality Management Team	(919) 733-0696 Maria.Fernandez@ncmail.net	Quality Management Team 3004 Mail Service Center Raleigh, NC 27699-3004

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Category	#	Section IV Requirement (abbreviated)	Division/ Team Contact Person	Phone/Email	Address
	f	Complete the NC SNAP	Candy Helms, Quality Management Team	(919) 733-0696 Candy.Helms@ncmail.net	Quality Management Team 3004 Mail Service Center Raleigh, NC 27699-3004
<b>C. Client Rights and Relations</b>	1	Administer the Division Client Satisfaction Survey to Mental Health and Substance Abuse clients	Deborah Merrill, Information Systems Team	(919) 715-7774 Deborah.Merrill@ncmail.net	Information Systems Team 3019 Mail Service Center Raleigh, NC 27699-3019
<b>E. Service Delivery</b>	1	Offer appointment to see individuals who choose the Area Authority/County Program for follow-up care within 5 working days after notification to the Area Authority/County Program of discharge from state hospitals or ADATCs			
	a	Adult Mental Health	Bonnie Morrell, Best Practices Team	(919) 715-2774 Bonnie.Morrell@ncmail.net	Best Practices Team 3005 Mail Service Center Raleigh, NC 27699-3005
	b	Substance Abuse Services	Doug Baker, State Operated Services Team	(919) 733-3654 Doug.Baker1@ncmail.net	State Operated Services 3006 Mail Service Center Raleigh, NC 27699-3006

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**Fiscal Management 1 - Maintain Responsible Practices**

**Performance Requirement:** Maintain responsible accounting, reimbursement and financial management practices so as to provide continuous unrestricted fund balance of at least one month's operational costs and to assure consistent availability of services to clients within overall funding levels. For single counties that do not provide fund balances, county managers should provide sufficient financial backing for the program to assure consistent availability of services to clients within overall funding levels.

This requirement will be measured, monitored and reported on through the pertinent performance requirements under  
**Fiscal Management 2**



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**Fiscal Management 2 - Quarterly Fiscal Monitoring Report**

Performance Requirement: Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: Quarterly Fiscal Monitoring Reports

Explanation: This report lists Area Program status regarding submission of required quarterly fiscal monitoring reports through the second quarter FY 2003-2004

A P/County	1st Qtr FY 03-04 Report Received	2nd Qtr FY 03-04 Report Received	3rd Qtr FY 03-04 Report Received	4th Qtr FY 03-04 Cash-Basis Report Received	4th Qtr FY 03-04 Accrual- Basis Report Received	Comments
Alamance-Caswell	✓	✓				
Albemarle	✓	✓				
Blue Ridge	✓					
Catawba	✓	✓				
CenterPoint	✓	✓				
CrossRoads	✓	✓				
Cumberland	✓	✓				
Eastpointe	✓	✓				
Durham	✓					
Edgecombe-Nash	✓	✓				
Foothills	✓	✓				
Guilford	✓	✓				
Johnston	✓	✓				
Lee-Harnett	✓	✓				
Mecklenburg	✓	✓				
Neuse	✓	✓				
New River	✓	✓				
Onslow	✓	✓				
Orange-Person-Cha	✓	✓				
Pathways	✓	✓				
Piedmont (Davidsor	✓	✓				
Pitt	✓	✓				
Randolph	✓					
RiverStone	✓	✓				
Roanoke-Chowan	✓	✓				
Rockingham	✓	✓				
Rutherford-Polk	✓	✓				
Sandhills	✓	✓				
Smoky Mountain	✓	✓				
Southeastern Cente	✓	✓				
Southeastern Regio	✓	✓				
Tideland	✓	✓				
Trend	✓					
VGFW	✓	✓				
Western Highlands						
Wake	✓	✓				
Wilson-Greene	✓	✓				

3rd  
Quarter  
reports are  
not due  
until the  
end of the

3rd Quarter  
reports  
were due  
4/30/04 but  
were not not  
submitted  
for the third

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## Fiscal Management 2 - Local Business Plan (LBP) Updates

Performance Requirement: Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: Quarterly Local Business Plan (LBP) Updates

Explanation: This report lists area authorities/county programs that submitted a quarterly LBP update as required.

Area Authority/County Program	July	October	January	April	Comments
Alamance-Caswell	*	X	X		* Approved to submit in October
Albermarle	X	X	X	X	
Catawba	X	X	X	X	
Centerpoint	X	X	X	X	
Crossroads	X	X	X	X	
Cumberland	X	X	X	X	
Durham	X	X	X	X	
Edgecombe-Nash/Riverstone/Wilson-Greene	X	X	X	X	
Eastpointe (Duplin/Sampson-Lenoir-Wayne)	*	X	X	X	* Approved to submit in October
Foothills	X	X	X	X	
Guilford	X	X	X	X	
Johnston	X	X	X	X	
Lee-Harnett	X	X	X		
Mecklenburg	X	X	X	X	
Neuse	*	X	X		* Approved to submit in October
New River	X	X	X	X	
Onslow	X	X	X	X	
Orange-Person-Chatham	X	X	X	X	
Pathways	X	X	X	X	
Piedmont-Davidson	X	X	X	X	
Pitt	X	X	X	X	
Roanoke-Chowan	X	X	X	X	
Rockingham	*	X	X		* Approved to submit in October
Sandhills-Randolph	X	X	X	X	
Smoky Mountain	X	X	X	X	
Southeastern Center	X	X	X	X	
Southeastern Regional	X	X	X	X	
Tideland	X	X	X	X	
VGFW	X	X	X	X	
Wake	X	X	X	X	
Western Highlands Network (Blue Ridge-Rutherford-Polk-Trend)	X	X	X	X	

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**Fiscal Management 2 - Medicaid Audit Reports & Paybacks**

Performance Requirement: Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: Documentation of paybacks for non-compliance items identified during the Annual Medicaid Services Audit

Information on this performance requirement can  
be accessed by visiting the Division web site at  
[http://www.ncdmh.net/auditreports/.](http://www.ncdmh.net/auditreports/)

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### Fiscal Management 2 - SA/Juvenile Justice Initiative Quarterly Report

**Performance Requirement:** Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: Substance Abuse/Juvenile Justice Initiative Quarterly Report

AREA PROGRAM/ COUNTY	SA/JUVENILE JUSTICE PROGRAM	Criterion 1				Criterion 2				Criterion 3			
		Receipt of Report from Area Program (Date Received)				Timeliness of Receipt of Report (Yes/No)				Completeness of Report (Yes/No)			
		Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4
# and % of Area Programs <b>Meeting</b> Criterion	<b>Meeting</b> Criterion Reflected by Date or 'Y'	32 (100%)	32 (100%)	29 (90.6%)	27 (84.4%)	22 (68.8%)	21 (65.6%)	28 (87.5%)	24 (75%)	31 (96.9%)	32 (100%)	29 (90.6%)	27 (84.4%)
# and % of Area Programs <b>Not Meeting</b> Criterion	<b>Not Meeting</b> Criterion Reflected by 'None' or 'N'	0 (0%)	0 (0%)	3 (9.4%)	5 (15.6%)	10 (15.4%)	11 (16.9%)	4 (6.2%)	8 (12.3%)	1 (1.5%)	0 (0%)	3 (4.6%)	5 (7.7%)
Alamance-Caswell	MAJORS	11/5/03	1/29/04	27-Apr	7/20/04	No	No	No	Yes	Yes	Yes	Yes	Yes
Albemarle	Multi-Purpose GH	10/29/03	1/19/04	16-Apr	None	No	Yes	Yes	No	Yes	Yes	Yes	No
CenterPoint	Juvenile Detention	10/29/03	1/22/04	None	None	No	No	No	No	Yes	Yes	No	No
	MAJORS	10/29/03	1/22/04	None	7/21/04	No	No	No	No	Yes	Yes	No	Yes
Cumberland	Juvenile Detention	10/23/03	1/14/04	20-Apr	7/20/04	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	MAJORS	10/23/03	1/14/04	20-Apr	7/20/04	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Durham	Juvenile Detention	10/28/03	1/21/04	None	8/10/04	No	No	No	No	Yes	Yes	No	Yes
	MAJORS	10/9/03	2/2/04	20-Apr	7/15/04	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
Eastpoint	Youth Develop. Ctr.	10/16/03	1/16/04	12-Apr	7/19/04	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Multi-Purpose GH	10/19/03	1/20/04	20-Apr	7/21/04	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
Foothills	Juvenile Detention	10/24/03	1/29/04	16-Apr	7/20/04	No	No	Yes	Yes	Yes	Yes	Yes	Yes
Guilford	Juvenile Detention	10/9/03	1/13/04	15-Apr	7/16/04	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	MAJORS	10/14/03	1/6/04	20-Apr	7/15/04	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Mecklenburg	Juvenile Detention	10/20/03	3/29/04	7-Apr	7/20/04	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
Neuse	Multi-Purpose GH	10/20/03	1/16/04	20-Apr	None	Yes	Yes	Yes	No	Yes	Yes	Yes	No
	MAJORS	10/20/03	1/16/04	20-Apr	7/18/04	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Pathways	Juvenile Detention	10/20/03	1/20/04	20-Apr	None	Yes	Yes	Yes	No	Yes	Yes	Yes	No
Piedmont	Youth Develop. Ctr.	10/20/03	2/4/04	20-Apr	7/16/04	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
	MAJORS	10/20/03	2/4/04	20-Apr	7/16/04	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
Pitt	Juvenile Detention	10/17/03	1/20/04	12-Apr	7/20/04	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	MAJORS	10/13/03	1/16/04	12-Apr	7/19/04	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Roanoke-Chowan	Multi-Purpose GH	10/21/03	1/19/04	19-Apr	7/19/04	No	Yes	Yes	Yes	No	Yes	Yes	Yes
Rockingham	MAJORS	10/17/03	1/23/04	20-Apr	7/15/04	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
Sandhills	Juvenile Detention	10/20/03	1/16/04	19-Apr	7/20/04	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Youth Develop. Ctr.	10/20/03	1/16/04	19-Apr	7/20/04	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	MAJORS	10/20/03	1/16/04	19-Apr	7/20/04	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
SE Center	Juvenile Detention	10/13/03	1/16/04	16-Apr	7/20/04	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
SE Regional	Multi-Purpose GH	10/16/03	1/14/04	16-Apr	7/15/04	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Tideland	MAJORS	10/14/03	1/7/04	20-Apr	7/20/04	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
V-G-F-W	Youth Develop. Ctr.	2/2/03	2/2/04	19-Apr	None	No	No	Yes	No	Yes	Yes	Yes	No
Wake	Juvenile Detention	10/20/03	1/16/04	19-Apr	7/20/04	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	MAJORS	10/20/03	1/16/04	19-Apr	7/20/04	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Western Highlands	Juvenile Detention	10/16/03	1/22/04	None	7/20/04	Yes	No	No	Yes	Yes	Yes	No	Yes
	Youth Develop. Ctr.	10/16/03	1/22/04	None	7/20/04	Yes	No	No	Yes	Yes	Yes	No	Yes
	BRIDGE Program	10/16/03	1/22/04	None	7/20/04	Yes	No	No	Yes	Yes	Yes	No	Yes

\* Report revisions are designated in **bold and italics** and based on data received after the last Performance Agreement Quarterly Report.

**I. Performance Agreement Requirement under Fiscal Management 2**

The Substance Abuse/Juvenile Justice Initiative Quarterly Report is to be completed by designated area programs and contract agencies and submitted to the Community Policy Management (CPM) Section-Quality Management to the attention of Terrie Qadura, SA/JJ Initiative Quarterly Report Coordinator, at 3004 Mail Service Center, Raleigh, NC 27699-3004 or to Suite 634-G, Albemarle Building, 325 N. Salisbury Street, Raleigh, NC 27603. Questions about Report completion may be directed to Terrie Qadura or Spencer Clark at (919) 733-0696.

**II. Description of CPM Review Summary of Area Program Compliance with Division SFY 03-04 Performance Agreement: Substance Abuse/Juvenile Justice Initiative Quarterly Report**

The CPM Review Summary for the Substance Abuse/Juvenile Justice Initiative Quarterly Report has been developed to provide information about area program and contract agency compliance with designated criteria that have been selected for these programs for SFY 03-04. Evaluation of compliance on individual criterion has been determined through comparison of the program's documentation on the Quarterly Reports for the report period for each of the following:

**Criterion 1: Receipt of Report from Area Program**

Receipt of Report from Area Program will be determined on the basis of whether a report has been received by the CPM Section State Office by the 20<sup>th</sup> of the month following the end of the quarter.

**Criterion 2: Timeliness of Receipt of Report**

The applicable dates for the Substance Abuse/Juvenile Justice Initiative Quarterly Report of Area Program Compliance with Division SFY 2003-2004 Performance for the period of July 1, 2003 through June 30, 2004 are as follows:

<b>Report Quarter:</b> <u>1<sup>st</sup></u>	<b>Report Period:</b> <u>07/01/03 – 9/30/03</u>	<b>Due Date:</b> <u>10/20/03</u>
<b>Report Quarter:</b> <u>2<sup>nd</sup></u>	<b>Report Period:</b> <u>10/01/03 – 12/31/03</u>	<b>Due Date:</b> <u>01/20/04</u>
<b>Report Quarter:</b> <u>3<sup>rd</sup></u>	<b>Report Period:</b> <u>01/01/04– 03/31/04</u>	<b>Due Date:</b> <u>04/20/04</u>
<b>Report Quarter:</b> <u>4<sup>th</sup></u>	<b>Report Period:</b> <u>04/01/03 – 06/30/04</u>	<b>Due Date:</b> <u>07/20/04</u>

Timeliness of report receipt will be determined on the basis of whether submission to Terrie Qadura in the CPM State Office has been as follows:

- Receipt by US Mail, commercial carrier, or courier not later than by 5:00 pm on the due date; or
- Receipt by E-Mail to **Terrie.Qadura@ncmail.net** not later than by 5:00 pm on the due date; or
- Receipt by fax to **Terrie Qadura** at (919) 715-3604 not later than by 5:00 pm on the due date, with verbal confirmation by the program with **Terrie Qadura** at (919) 733-0696 of actual report receipt.

**Note:** If an area program report Due Date falls on a Saturday, Sunday, or Holiday, the report will be considered timely by the Community Policy Management Section-Quality Management if received by 5:00 pm on the immediately following business day.

**Criterion 3: Completeness of Report**

Completeness of report submission will be determined on the basis of submission to the Community Policy Management Section-Quality Management with full data for all applicable report sections.

2003-2004 Performance Agreement  
Year-End Report  
April 1, 2004 - June 30, 2004

### Fiscal Management 2 - SAPTBG Compliance Report

**Performance Requirement:** Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports:  
**Semi-Annual SAPTBG Compliance Report: Mid-Year and Year-End**

AREA PROGRAM	Criterion 1		Criterion 2		Criterion 3		Criterion 4		
	Receipt of Report from Area Program (Date Received)		Timeliness of Receipt of Report (Yes/No)		Completeness of Report (Yes/No)		Compliance With 48 Hour Per Report Period Synar Activity (Yes/No)		
	Mid-Year	Year-End	Mid-Year	Year-End	Mid-Year	Year-End	Mid-Year	Year-End	Combined
# and % of Area Programs Meeting Each Criterion (Reflected as "Date" or "Yes")	32 (86.5%)	30 (81.1%)	22 (59.5%)	26 (70.3%)	31 (83.8%)	30 (81.1%)	21 (56.8%)	26 (70.3%)	25 (67.6%)
# and % of Area Programs Not Meeting Each Criterion (Reflected as "None" or "No")	4 (10.8%)	3 (8.1%)	14 (37.8%)	7 (18.9%)	5 (13.5%)	3 (8.1%)	15 (40.5%)	8 (21.6%)	12 (32.4%)
Alamance-Caswell	<b>2/24/04</b>	7/21/04	<b>No</b>	<b>No</b>	Yes	Yes	<b>No</b>	Yes	Yes
Albemarle	1/22/04	7/20/04	<b>No</b>	Yes	Yes	Yes	Yes	Yes	Yes
Blue Ridge	<b>None</b>	<b>None</b>	<b>No</b>	<b>None</b>	<b>No</b>	<b>None</b>	<b>No</b>	<b>None</b>	<b>No</b>
Catawba	1/20/04	7/20/04	Yes	Yes	Yes	Yes	Yes	<b>No</b>	Yes
CenterPoint	1/20/04	7/20/04	Yes	Yes	Yes	Yes	<b>No</b>	Yes	Yes
Crossroads	<b>3/22/04</b>	7/28/04	<b>No</b>	<b>No</b>	Yes	Yes	<b>No</b>	<b>No</b>	<b>No</b>
Cumberland	1/16/04	7/20/04	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Davidson	<b>None</b>	<b>None</b>	<b>No</b>	<b>None</b>	<b>No</b>	<b>None</b>	<b>No</b>	Yes	Yes
Durham	1/20/04	7/26/04	Yes	<b>No</b>	Yes	Yes	Yes	<b>No</b>	<b>No</b>
EastPointe	1/19/04	7/20/04	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Edgecombe-Nash	1/20/04	7/20/04	Yes	Yes	Yes	Yes	Yes	<b>No</b>	<b>No</b>
Foothills	1/20/04	7/19/04	Yes	Yes	Yes	Yes	<b>No</b>	Yes	<b>No</b>
Guilford	1/20/04	7/16/04	Yes	Yes	Yes	Yes	<b>No</b>	Yes	Yes
Johnston	1/20/04	<b>None</b>	Yes	<b>No</b>	<b>No</b>	<b>No</b>	<b>No</b>	<b>No</b>	<b>No</b>
Lee-Harnett	1/19/04	7/20/04	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Mecklenburg	1/20/04	7/20/04	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Neuse	1/14/04	7/20/04	Yes	Yes	Yes	Yes	Yes	Yes	Yes
New River	1/16/04	7/20/04	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Onslow	1/16/04	7/20/04	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Orange-Person-Chatham	1/23/04	7/20/04	<b>No</b>	Yes	Yes	Yes	Yes	Yes	Yes
Pathways	1/20/04	7/20/04	Yes	Yes	Yes	Yes	<b>No</b>	Yes	Yes
Piedmont-Davidson	1/22/04	7/23/04	<b>No</b>	<b>No</b>	Yes	Yes	Yes	Yes	Yes
Pitt	1/16/04	7/20/04	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Riverstone	2/13/04	7/20/04	<b>No</b>	Yes	Yes	Yes	Yes	Yes	Yes
Roanoke-Chowan	1/20/04	7/19/04	Yes	Yes	Yes	Yes	<b>No</b>	Yes	Yes
Rockingham	3/5/04	7/20/04	<b>No</b>	Yes	Yes	Yes	<b>No</b>	Yes	Yes
Rutherford-Polk	<b>None</b>	<b>None</b>	<b>No</b>	<b>None</b>	<b>No</b>	<b>None</b>	<b>No</b>	<b>None</b>	<b>No</b>
Sandhills Center	1/16/04	7/20/04	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Smoky Mountain	2/5/04	7/20/04	<b>No</b>	Yes	Yes	Yes	<b>No</b>	<b>No</b>	<b>No</b>
Southeastern Center	1/16/04	7/20/04	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Southeastern Regional	1/19/04	<b>None</b>	Yes	<b>No</b>	Yes	<b>No</b>	Yes	<b>No</b>	<b>No</b>
Tideland	1/23/04	7/20/04	<b>No</b>	Yes	Yes	Yes	<b>No</b>	Yes	<b>No</b>
Trend	<b>None</b>	<b>None</b>	<b>No</b>	<b>None</b>	<b>No</b>	<b>None</b>	<b>No</b>	<b>None</b>	<b>No</b>
V-G-F-W	1/16/04	7/20/04	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Wake	1/23/04	7/20/04	<b>No</b>	Yes	Yes	Yes	Yes	Yes	Yes
Western Highlands (BR, Trend, R-	<b>None</b>	<b>None</b>	<b>None</b>	<b>No</b>	<b>None</b>	<b>No</b>	<b>None</b>	<b>No</b>	<b>No</b>
Wilson-Greene	1/20/04	7/20/04	Yes	Yes	Yes	Yes	Yes	Yes	Yes

\*Report revisions are designated in ***bold and italics*** and are based on Mid-Year Report data received after January 30, 2004.

#### I. Performance Agreement Requirement under Fiscal Management 2

The Semi-Annual Substance Abuse Prevention and Treatment Block Grant (SAPTBG) Compliance Report is to be completed by designated area program staff according to written instructions provided with the report form. Semi-Annual Reports are to be submitted to the Quality Management Team to the attention of Terrie Qadura, SAPTBG Report Coordinator, at 3004 Mail Service Center, Raleigh, NC 27699-3004 or to Suite 634, Albemarle Building, 325 N. Salisbury Street, Raleigh, NC 27603. Questions about Report completion may be directed to Terrie Qadura or Spencer Clark at (919) 733-0696.

#### II. Description of SAS Review Summary of Area Program Compliance with Division SFY 03-04 Performance Agreement: Semi-Annual

## SAPTBG Compliance Report

The SAS Review Summary of Area Program Compliance for the Substance Abuse Prevention and Treatment Block Grant (SAPTBG) has been developed to provide information about area program compliance with designated criteria that have been selected for the Substance Abuse Prevention and Treatment Block Grant Initiative for SFY 03-04. Evaluation of compliance on individual criterion has been determined through comparison of the area program's documentation on the Semi-Annual Report for the report period for each of the following criterion.

### Criterion 1: Receipt of Report from Area Program

Receipt of Report from Area Program will be determined on the basis of whether a report has been received by the Quality Management Team prior to the date of the SAS Review Summary completion. **Meeting of Criterion** is reflected by the listing of "Date" that the report was received. **Not Meeting of Criterion** is reflected by the designation of "None". **Report revisions are designated in *bold and italics* and are based on Mid-Year Report data received after January 30, 2004.**

### Criterion 2: Timeliness of Receipt of Report

The SFY 2003-2004 Semi-Annual SAPTBG Compliance Report Mid-Year Report for the period of July 1, 2003 through December 31, 2003 is due to the Quality Management Team on January 20, 2004.

The SFY 2003-2004 Semi-Annual SAPTBG Compliance Report Year-End Report for the period from January 1, 2004 through June 30, 2004 is due to the Quality Management Team on July 20, 2004.

**Meeting of Criterion** is reflected by the designation of "Yes". **Not Meeting of Criterion** is reflected by the designation of "No". **Report revisions are designated in *bold and italics* and are based on Mid-Year Report data received after January 30, 2004.**

Timeliness of receipt will be determined on the basis of the report being received by Terrie Qadura in the Quality Management Team office **not later than 5:00 p.m. on the due date**. The report may be submitted by one of the following methods:

- By US Mail, commercial carrier, or courier; or
- By E-Mail to **Terrie.Qadura@ncmail.net**; or
- By fax to Terrie Qadura at (919) 715-3604, with verbal confirmation by the program of actual report receipt at (919) 733-0696.

**Note:** If a report Due Date falls on a Saturday, Sunday, or Holiday, the report will be considered timely if received by 5:00 pm on the first business day following the Due Date.

### Criterion 3: Completeness of Entries of Report

Completeness of report will be determined on the basis of submission to the Quality Management Team office with full data and complete service activity for all applicable time periods and report sections. **Meeting of Criterion** is reflected by the designation of "Yes". **Not Meeting of Criterion** is reflected by the designation of "No". **Report revisions are designated in *bold and italics* and are based on Mid-Year Report data received after January 30, 2004.**

### Criterion 4: Compliance with 48-Hour Per Report Period Synar Activity

**Meeting of Criterion** is reflected by the designation of "Yes". **Not Meeting of Criterion** is reflected by the designation of "No". **Report revisions are designated in *bold and italics* and are based on Mid-Year Report data received after January 30, 2004.**

Compliance with Synar Activity for FY 03-04 will be determined as follows:

- For the Mid-Year Report, a minimum of 48 hours of allowable activity must be documented for the 1st six-month reporting period.
- For the Year-End Report, a minimum of 48 hours of allowable activity must be documented for the 2nd six-month reporting period.
- For the Combined Report for the 12-month period, a minimum of 96 hours during the 12-month period must be documented.

2003-2004 Performance Agreement  
Fourth Quarter Report  
April 1, 2004 - June 30, 2004

**Fiscal Management 2**

**Performance Requirement:** Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: TANF/Work First Initiative Quarterly Reports

Area Program/County	Criterion 1:	Criterion 2:	Criterion 3:	Action:
	% Compliance with Receipt of Report(s) with Data for Each County of Area Program	% Compliance with Timeliness of Receipt of Report(s)	% Compliance with Completeness of Report(s)	Corrective Action Required of Area Program 30 Days From Receipt of Report
# of Area Programs <b>Fully Meeting</b> Each Criterion (100% Score)	100%	100%	100%	
# of Area Programs <b>Not Fully Meeting</b> Each Criterion (< 100% Score)	0 or 0%	0 or 0%	0 or 0%	
Blue Ridge	100%	100%	100%	
Catawba	100%	100%	100%	
CenterPoint	100%	100%	100%	
Cumberland	100%	100%	100%	
Davidson	100%	100%	100%	
Durham	100%	100%	100%	
Eastpointe (Wayne)	100%	100%	100%	
Edgecombe-Nash	100%	100%	100%	
Johnston	100%	100%	100%	
Mecklenburg	100%	100%	100%	
Pathways	100%	100%	100%	
Pitt	100%	100%	100%	
Roanoke-Chowan	100%	100%	100%	
Southeastern Area	100%	100%	100%	
Southeastern Regional	100%	100%	100%	
Wake	100%	100%	100%	

**Performance Agreement Requirement under Fiscal Management 2**

The Work First/Substance Abuse Quarterly Report is to be completed by the area program Qualified Substance Abuse Professional (QSAP) or designee for each county served by an area program participating in the Work First Substance Abuse Initiative according to written instructions provided with the report form. Quarterly Reports are to be submitted to the Community Policy Management Section to the attention of Smith Worth, Project Manager, at 3004 Mail Service Center, Raleigh, NC 27699-3004 or to Suite 634, Albemarle Building, 325 N. Salisbury Street, Raleigh, NC, 27603 (for Federal Express/overnight purposes only). Questions may be directed to Smith Worth or at (919) 733-0696.

**SFY 01-02 Report Due Dates for Work First/Substance Abuse Quarterly Reports**

Quarter 1: Report Period: July 1, 2003 - September 30, 2003	Due Date: October 20, 2003
Quarter 2: Report Period: October 1, 2003 - December 31, 2003	Due Date: January 20, 2004
Quarter 3: Report Period: January 1, 2004 - March 31, 2004	Due Date: April 20, 2004
Quarter 4: Report Period: April 1, 2004 - June 30, 2004	Due Date: July 20, 2004



#### Performance Agreement: Work First/Substance Abuse Quarterly Report

The CPM Review Summary of Area Program Compliance for the Work First/Substance Abuse Quarterly Report has been developed to provide feedback to area programs about their compliance with the Work First/Substance Abuse Initiative. Evaluation of compliance on individual criteria has been determined through comparison of the area program's documentation on the Quarterly Report(s) for the report period with each of these criteria.

##### **Criterion 1: Receipt of Report by State Office**

Receipt of Report(s) with Data for Each County of Area Program will be determined on the basis of whether a report for each county has been submitted to the Community Policy Management Section by the CPM Report Date. **Fully Meeting** criterion is reflected in a score of 100%. **Not Fully Meeting** criterion is reflected in a score of less than 100%.

Receipt of Report(s) with Data for Each County of Area Program will be determined on the basis of whether a report for each county has been submitted to the Community Policy Management Section by the CPM Report Date. Fully meeting criterion is reflected in a score of 100%. Not fully meeting criteria is reflected in a score of less than 100%.

Timeliness of report receipt will be determined on the basis of whether submission to the CPM Office has been as follows:

- ◆ Receipt by US Mail, commercial carrier, or courier not later than by 5:00 PM on due date
- ◆ Receipt by e-mail to [smith.worth@ncmail.net](mailto:smith.worth@ncmail.net) not later than by 5:00 PM on due date; or
- ◆ Receipt by fax to Smith Worth at (919) 715-3604 by 5:00 PM on due date, with verbal confirmation by the program with Smith Worth at (919) 733-0696 of actual report receipt

**Fully Meeting** criterion is reflected in a score of 100%. **Not Fully Meeting** criteria is reflected in a score of less than 100%.

\*\*\***Note:** If an area program report Due Date falls on a Saturday, Sunday, or holiday, the report will be considered timely by the CPM Section if received by 5:00 PM on the immediate following business day.

##### **Criterion 3: Completeness of Report Submission**

Completeness of report submission will be determined on the basis of submission to the CPM Office as follows:

- ◆ Provision of information is identifiable for full area program or by county served -- reports will be identifiable by individual County-Based Service Unit; and
- ◆ Provision of information is identifiable by calendar month; and
- ◆ Provision of full data and complete service activity is included. **Fully Meeting** criterion is reflected in a score of 100%

Any area program not meeting Criterion 1 through lack of submission of the required Quarterly Report(s) will be required as a Corrective Action to submit the required 1st Quarter Report for all counties to the Community Policy Management Section by April 29, 2004. Corrective Action(s) are to be directed to the attention of Smith Worth, Project Manager, at 3004 Mail Service Center, Raleigh, NC 27699-3004 or to Suite 634, Albemarle Building, 325 N. Salisbury Street, Raleigh, NC, 27603 (for Federal Express/overnight purposes only). Any questions about Corrective Action(s) required may be directed to Smith Worth at (919) 733-0696.

##### **Note Regarding Circumstances for Approval of Report Due Date Extension**

It is the expectation in the Division Performance Agreement that area programs will routinely submit timely and complete reports to the CPM Section that provide evidence of compliance with program requirements. In the event of unforeseen difficulties in meeting timely completion and/or submission of reports due to extraordinary circumstances such as a declared emergency or natural disaster, programs may be considered for an extension through receipt of a written request by Helen Wolstenholme no later than 7 days prior to the original report due date with explanation of circumstances. Written approval of a due date extension may be granted by Smith Worth after consultation with State office staff.

FM2-TANF, Q1

2003-2004 Performance Agreement  
Third Quarter Report  
April 1, 2004 - June 30, 2004

### Fiscal Management 4 - Trading Partner Agreement

**Performance Requirement:** Submit evidence of a current valid Trading Partner Agreement (TPA) with the IPRS Fiscal Agent.

**Explanation:** This report lists area authorities/county programs that have a signed **Trading Partner Agreement**. A signed TPA is required in order to receive IPRS and Medicaid payments. A **Consolidated Trading Partner Agreement** will be required to submit a HIPAA-compliant 837 transaction for IPRS and Medicaid payments. As of the end of the 2nd Quarter only one county program was required to have a Consolidated TPA. This requirement was met. Many other area authorities/county programs have proactively put one in place in anticipation of this future requirement.

Area Authority/County Program	TPA	Consolidated TPA	Comments
Alamance-Caswell	X	X	
Albermarle	X	X	
Catawba	X	X	
Centerpoint	X	X	
Crossroads	X	X	
Cumberland	X	X	
Durham	X		
Edgecombe-Nash/Riverstone/Wilson-Greene	X	X	
Eastpointe (Duplin/Sampson-Lenoir-Wayne)	X	X	
Foothills	X		
Guilford	X	X	
Johnston	X	X	
Lee-Harnett	X	X	
Mecklenburg	X	X	
Neuse	X		
New River	X	X	
Onslow	X		
Orange-Person-Chatham	X	X	
Pathways	X	X	
Piedmont-Davidson	X	X	
Pitt	X	X	Consolidated TPA required.
Roanoke-Chowan	X	X	
Rockingham	X	X	
Sandhills-Randolph	X	X	
Smoky Mountain	X	X	
Southeastern Center	X	X	
Southeastern Regional	X		
Tideland	X	X	
Vance-Granville-Franklin-Warren	X	X	
Wake	X	X	
Western Highlands Network (Blue Ridge-Rutherford-Polk-Trend)	X	X	

An annual report was due the end of the Fourth Quarter but was not submitted and is not included in the Fourth Quarter Report.

**Accountability 1  
Alamance-Caswell**

**Corrective Actions as of the End of the Fourth Quarter 2003-2004**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 1st Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 1. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003			3/31/2004	No data submission to the CDW for Quarter 1 (July, Aug & Sept.).
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003			3/31/2004	Missing Diagnoses Exceeds 10% (Principal, Primary).
03-04 Performance Agreement 2nd Quarter	Fiscal Management 2 (Semi-Annual SAPTBG Compliance Report). Required Corrective Action is to submit Mid-Year report within 30 days of March 1, 2004.	Quality Management	3/1/2004	2/24/2004			Semi-Annual Report, 7/1/03 - 12/31/03, submitted to Quality Management.
03-04 Performance Agreement 3rd Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 3. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004.	Data Operations Branch	5/20/2004			6/30/2004	Due to the conversion process of facility codes at Alamance-Caswell their data is incomplete. Received some data for January.
03-04 Performance Agreement 4th Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 20, 2004.	Data Operations Branch	9/1/2004				Missing Diagnoses Exceeds 10% (Principal & Primary).
03-04 Performance Agreement 4th Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 20, 2004.	Data Operations Branch	9/1/2004				Missing Substance Abuse Data Exceeds 10% (Service Type, Methadone, and UFDS).

**Accountability 1  
Albemarle**

**Corrective Actions as of the End of the Fourth Quarter 2003-2004**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	3/1/2004			3/1/2004	99% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03
03-04 Performance Agreement 3rd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004	Data Operations Branch	5/20/2004	6/30/2004		6/30/2004	92% of the expected number of initial COI's were submitted for the time 10/01/03 - 12/31/03.
03-04 Performance Agreement 4th Quarter	Fiscal Management 2 (03-04 SA/JJ Initiative Quarterly Report). Required Corrective Action is to submit Fourth Quarter report within 30 days of September 1, 2004.	Quality Management	9/1/2004				No submission of SA/JJ Initiative Quarterly Report, April 1, 2004 - June 30, 2004, to Quality Managemnt.

## Accountability 1

### Catawba

#### Corrective Actions as of the End of the Fourth Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments

**Accountability 1  
CenterPoint**

**Corrective Actions as of the End of the Fourth Quarter 2003-2004**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	3/1/2004				71% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03
03-04 Performance Agreement 3rd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004	Data Operations Branch	5/20/2004				86% of the expected number of initial COI's were submitted for the time 10/01/03 - 12/31/03
03-04 Performance Agreement 4th Quarter	Fiscal Management 2 (03-04 SA/JJ Initiative Quarterly Report). Required Corrective Action is to submit Fourth Quarter report for the juvenile detention center within 30 days of September 1, 2004.	Quality Management	9/1/2004				No submission of SA/JJ Initiative Quarterly Report, April 1, 2004 - June 30, 2004, for the juvenile detention center to Quality Management.

## Accountability 1 Crossroads

### Corrective Actions as of the End of the Fourth Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003			12/20/2003	Missing Diagnoses Exceeds 10% (Principal, Primary).
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	3/1/2004	3/1/2004		2/10/2004	100% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03
03-04 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004.	Data Operations Branch	3/1/2004	3/1/2004			Missing Diagnoses Exceeds 10% (Principal, Primary).
03-04 Performance Agreement 2nd Quarter	Fiscal Management 2 (Semi-Annual SAPTBG Compliance Report). Required Corrective Action is to submit Mid-Year report within 30 days of March 1, 2004.	Quality Management	3/1/2004	3/22/2004			Semi-Annual Report, 7/1/03 - 12/31/03, submitted to Quality Management.
03-04 Performance Agreement 3rd Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004.	Data Operations Branch	5/20/2004				Missing Diagnoses Exceeds 10% (Principal, Primary).

## Accountability 1 Crossroads

### Corrective Actions as of the End of the Fourth Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 3rd Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004.	Data Operations Branch	5/20/2004				Missing Substance Abuse Data Exceeds 10% (Service Type, Methedone, UFDS Code).
03-04 Performance Agreement 4th Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 20, 2004.	Data Operations Branch	9/1/2004				Missing Diagnoses Exceeds 10% (Principal)
03-04 Performance Agreement 4th Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 20, 2004.	Data Operations Branch	9/1/2004				Missing Substance Abuse Data Exceeds 10% (Service Type, Methadone, and UFDS).
03-04 Performance Agreement 4th Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 20, 2004	Data Operations Branch	9/1/2004				79% of the expected number of initial COI's were submitted for the time 01/01/04 - 03/31/03



**Accountability 1  
Cumberland**

**Corrective Actions as of the End of the Fourth Quarter 2003-2004**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	3/1/2004			2/18/2004	100% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03

## Accountability 1 EastPointe

### Corrective Actions as of the End of the Fourth Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003			12/20/2003	Missing Diagnoses Exceeds 10% (Principal, Primary).
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003			12/20/2003	Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methedone, UFDS Code).
03-04 Performance Agreement 2nd Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 2. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004.	Data Operations Branch	3/1/2004			3/31/2004	No data submission to the CDW for Quarter 2 (Duplin-Sampson-Lenoir - Nov. & Dec.)
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	3/1/2004			3/31/2004	95% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03
03-04 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004.	Data Operations Branch	3/1/2004			3/31/2004	Missing Diagnoses Exceeds 10% (Principal, Primary).

## Accountability 1 EastPointe

### Corrective Actions as of the End of the Fourth Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004.	Data Operations Branch	3/1/2004			3/31/2004	Missing Substance Abuse Data Exceeds 10% (Service Type, Methedone, UFDS Code).
03-04 Performance Agreement 3rd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004	Data Operations Branch	5/20/2004				81% of the expected number of initial COI's were submitted for the time 10/01/03 - 12/31/03
03-04 Performance Agreement 3rd Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004.	Data Operations Branch	5/20/2004			6/30/2004	Missing Diagnoses Exceeds 10% (Principal).
03-04 Performance Agreement 4th Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 20, 2004.	Data Operations Branch	9/1/2004				Missing Diagnoses Exceeds 10% (Principal & Primary)
03-04 Performance Agreement 4th Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 20, 2004	Data Operations Branch	9/1/2004				39% of the expected number of initial COI's were submitted for the time 01/01/04 - 03/31/03

**Accountability 1  
Durham**

**Corrective Actions as of the End of the Fourth Quarter 2003-2004**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	3/1/2004			3/1/2004	96% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03
03-04 Performance Agreement 3rd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004	Data Operations Branch	5/20/2004			6/30/2004	95% of the expected number of initial COI's were submitted for the time 10/01/03 - 12/31/03
03-04 Performance Agreement 4th Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 20, 2004	Data Operations Branch	9/1/2004				84% of the expected number of initial COI's were submitted for the time 01/01/04 - 03/31/04

**Accountability 1  
Edgecombe-Nash**

**Corrective Actions as of the End of the Fourth Quarter 2003-2004**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 1st Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 1. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003	9/15/2003			No data submission to the CDW for Quarter 1.
03-04 Performance Agreement 2nd Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 2. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004.	Data Operations Branch	3/1/2004	4/2/2004			No data submission to the CDW for Quarter 2 (Oct., Nov. & Dec.).
03-04 Performance Agreement 3rd Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 3. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004.	Data Operations Branch	5/20/2004				Due to the computer changes at Edgecombe-Nash their data is incomplete.
03-04 Performance Agreement 4th Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 3. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 20, 2004.	Data Operations Branch	9/1/2004				No data submission to the CDW for Quarter 4 (April, May & June).

## Accountability 1 Foothills

### Corrective Actions as of the End of the Fourth Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
02-03 Performance Agreement 4th Quarter	Accountability 3 (Waitlist): Required Corrective Action is to submit the missing Fourth Quarter 02-03 CTSP Waitlist information for Foothills Area Program by September 15, 2003.	Child and Family Services	9/15/2003				
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003			12/20/2003	Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methedone, UFDS Code).
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003			12/20/2003	Missing Required Data Fields Exceeds 10% (Ability to Pay & EAP Code).
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	3/1/2004			2/10/2004	95% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03
03-04 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004.	Data Operations Branch	3/1/2004				Missing Diagnoses Exceeds 10% (Principal)

## Accountability 1 Foothills

### Corrective Actions as of the End of the Fourth Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004.	Data Operations Branch	3/1/2004			3/31/2004	Missing Required Data Fields Exceeds 10% (Ability to Pay, Education Level, Employment Status & EAP Code).
03-04 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004.	Data Operations Branch	3/1/2004				Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methedone, UFDS Code).
03-04 Performance Agreement 3rd Quarter	Accountability 3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004.	Data Operations Branch	5/20/2004			6/30/2004	Missing Required Data Fields Exceeds 10% (Education Level, Employment Status & EAP Code).
03-04 Performance Agreement 3rd Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004.	Data Operations Branch	5/20/2004				Missing Diagnoses Exceeds 10% (Principal).
03-04 Performance Agreement 3rd Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004.	Data Operations Branch	5/20/2004				Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methedone, UFDS Code).

**Accountability 1  
Foothills**

**Corrective Actions as of the End of the Fourth Quarter 2003-2004**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 3rd Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 3. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004.	Data Operations Branch	5/20/2004			6/30/2004	No data submission to the CDW for Quarter 3 (February).
03-04 Performance Agreement 4th Quarter	Accountability 3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 20, 2004.	Data Operations Branch	9/1/2004				Missing Required Data Fields Exceeds 10% (EAP Code).
03-04 Performance Agreement 4th Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 20, 2004.	Data Operations Branch	9/1/2004				Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methadone, and UFDS).
03-04 Performance Agreement 4th Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 20, 2004.	Data Operations Branch	9/1/2004				Missing Diagnoses Exceeds 10% (Principal, Primary)



**Accountability 1  
Guilford**

**Corrective Actions as of the End of the Fourth Quarter 2003-2004**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	3/1/2004	2/26/2004			73% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03
03-04 Performance Agreement 3rd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004	Data Operations Branch	5/20/2004				83% of the expected number of initial COI's were submitted for the time 10/01/03 - 12/31/03
03-04 Performance Agreement 4th Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 20, 2004	Data Operations Branch	9/1/2004				72% of the expected number of initial COI's were submitted for the time 01/01/04 - 03/31/04

**Accountability 1  
Johnston**

**Corrective Actions as of the End of the Fourth Quarter 2003-2004**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 4th Quarter	Fiscal Management 2 (Semi-Annual SAPTBG Compliance Report). Required Corrective Action is to submit Year-End report within 30 days of September 1, 2004.	Quality Management	9/1/2004				No submission of Year-End Report, 1/1/04 - 6/30/04, to Quality Management.

**Accountability 1  
Lee-Harnett**

**Corrective Actions as of the End of the Fourth Quarter 2003-2004**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003			12/20/2003	Missing Substance Abuse Data Exceeds 10% (Service Type, Methedone, UFDS Code).
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	3/1/2004			2/20/2004	97% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03

## Accountability 1 Mecklenburg

### Corrective Actions as of the End of the Fourth Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 1st Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 1 (for August & September) for Facility Code 13101. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003			12/20/2003	No data submission for facility code 13101 to the CDW for Quarter 1 (Aug. & Sept.).
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003			12/20/2003	Missing Diagnoses Exceeds 10% (Primary).
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003			12/20/2003	Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methedone, UFDS Code).
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	3/1/2004				50% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03
03-04 Performance Agreement 3rd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004	Data Operations Branch	5/20/2004				74% of the expected number of initial COI's were submitted for the time 10/01/03 - 12/31/03

## Accountability 1 Mecklenburg

### Corrective Actions as of the End of the Fourth Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 3rd Quarter	Accountability 3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004.	Data Operations Branch	5/20/2004				Missing Required Data Fields Exceeds 10% (Competancy Status).
03-04 Performance Agreement 4th Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 20, 2004	Data Operations Branch	9/1/2004				58% of the expected number of initial COI's were submitted for the time 01/01/04 - 03/31/04

**Accountability 1  
Neuse**

**Corrective Actions as of the End of the Fourth Quarter 2003-2004**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 1st Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 1 (Sept.). Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003			12/20/2003	No data submission to the CDW for Quarter 1 (Sept.).
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	3/1/2004	3/22/2004			56% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03
03-04 Performance Agreement 4th Quarter	Fiscal Management 2 (03-04 SA/JJ Initiative Quarterly Report). Required Corrective Action is to submit Fourth Quarter report within 30 days of September 1, 2004.	Quality Management	9/1/2004				No submission of SA/JJ Initiative Quarterly Report, April 1, 2004 - June 30, 2004, for multi-purpose group home to Quality Managemnt.

**Accountability 1  
New River**

**Corrective Actions as of the End of the Fourth Quarter 2003-2004**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003			12/20/2003	Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methedone, UFDS Code).
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	3/1/2004	3/16/2004		3/1/2004	94% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03

**Accountability 1  
Onslow**

**Corrective Actions as of the End of the Fourth Quarter 2003-2004**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	3/1/2004				85% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03
03-04 Performance Agreement 4th Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 20, 2004	Data Operations Branch	9/1/2004				66% of the expected number of initial COI's were submitted for the time 01/01/04 - 03/31/04



**Accountability 1  
Orange-Person-Chatham**

**Corrective Actions as of the End of the Fourth Quarter 2003-2004**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 1st Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 1. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003			12/20/2003	No data submission to the CDW for Quarter 1 (July, Aug. & Sept.).
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003			12/20/2003	Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methedone, UFDS Code).
03-04 Performance Agreement 2nd Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 2. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004.	Data Operations Branch	3/1/2004			3/31/2004	No data submission to the CDW for Quarter 2 (October, November & December).
03-04 Performance Agreement 3rd Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004.	Data Operations Branch	5/20/2004	7/2/2004			Missing Substance Abuse Data Exceeds 10% (Drug of Choice).

**Accountability 1  
Orange-Person-Chatham**

**Corrective Actions as of the End of the Fourth Quarter 2003-2004**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 4th Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 3. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 20, 2004.	Data Operations Branch	9/1/2004				No data submission to the CDW for Quarter 4 (April, May & June).

## Accountability 1 Pathways

### Corrective Actions as of the End of the Fourth Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	3/1/2004	3/1/2004			73% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03
03-04 Performance Agreement 4th Quarter	Fiscal Management 2 (03-04 SA/JJ Initiative Quarterly Report). Required Corrective Action is to submit Fourth Quarter report for the juvenile detention center within 30 days of September 1, 2004.	Quality Management	9/1/2004				No submission of SA/JJ Initiative Quarterly Report, April 1, 2004 - June 30, 2004, for the juvenile detention center to Quality Management.

## Accountability 1 Piedmont

### Corrective Actions as of the End of the Fourth Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003			12/20/2003	Missing Diagnoses Exceeds 10% (Principal, Primary).
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003			12/20/2003	Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methedone, UFDS Code).
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	3/1/2004				70% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03
03-04 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	3/1/2004				Missing Diagnoses Exceeds 10% (Principal and Primary)
03-04 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004.	Data Operations Branch	3/1/2004				Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methedone, UFDS Code).

## Accountability 1 Piedmont

### Corrective Actions as of the End of the Fourth Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 3rd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004	Data Operations Branch	5/20/2004				33% of the expected number of initial COI's were submitted for the time 10/01/03 - 12/31/03
03-04 Performance Agreement 3rd Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004.	Data Operations Branch	5/20/2004				Missing Diagnoses Exceeds 10% (Principal & Primary).
03-04 Performance Agreement 3rd Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004.	Data Operations Branch	5/20/2004				Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methedone, UFDS Code).
03-04 Performance Agreement 3rd Quarter	Client Rights and Relations 1: Expected number of Consusmer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004.	Data Operations Branch	5/20/2004				43% of the expected number of the Consumer Satisfaction Surveys were received by 11/21/03.
03-04 Performance Agreement 4th Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 20, 2004.	Data Operations Branch	9/1/2004				Missing Diagnoses Exceeds 10% (Principal & Primary)

**Accountability 1  
Piedmont**

**Corrective Actions as of the End of the Fourth Quarter 2003-2004**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 4th Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceeds 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 20, 2004.	Data Operations Branch	9/1/2004				Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methadone, and UFDS).
03-04 Performance Agreement 4th Quarter	Accountability 3: Accountability measures for the CDW related to Mandatory Fields exceeds 15% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 20, 2004.	Data Operations Branch	9/1/2004				Missing Mandatory Fields Exceeds 15% (County)for the time 01/01/04 - 03/31/04
03-04 Performance Agreement 4th Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 3. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 20, 2004.	Data Operations Branch	9/1/2004				No data submission to the CDW for Quarter 4 (May & June).
03-04 Performance Agreement 4th Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 20, 2004	Data Operations Branch	9/1/2004				14% of the expected number of initial COI's were submitted for the time 01/01/04 - 03/31/04

**Accountability 1  
Pitt**

**Corrective Actions as of the End of the Fourth Quarter 2003-2004**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	3/1/2004			3/1/2004	95% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03

**Accountability 1  
RiverStone**

**Corrective Actions as of the End of the Fourth Quarter 2003-2004**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003			12/20/2003	Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methedone, UFDS Code).
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003			12/20/2003	Missing Required Data Fields Exceeds 10% (Ability to Pay).
03-04 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004.	Data Operations Branch	3/1/2004				Missing Required Data Fields Exceeds 10% (Ability to Pay & Competancy Status).
03-04 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004.	Data Operations Branch	3/1/2004				Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methedone, UFDS Code).
03-04 Performance Agreement 3rd Quarter	Accountability 3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004.	Data Operations Branch	5/20/2004				Missing Required Data Fields Exceeds 10% (Competancy Status & Ability to Pay).



## Accountability 1 RiverStone

### Corrective Actions as of the End of the Fourth Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 3rd Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004.	Data Operations Branch	5/20/2004			6/30/2004	Missing Diagnoses Exceeds 10% (Principal & Primary).
03-04 Performance Agreement 3rd Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004.	Data Operations Branch	5/20/2004				Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methedone, UFDS Code).
03-04 Performance Agreement 3rd Quarter	Client Rights and Relations 1: Expected number of Consusmer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004.	Data Operations Branch	5/20/2004				82% of the expected number of the Consumer Satisfaction Surveys were received by 11/21/03.
03-04 Performance Agreement 3rd Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 3. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004.	Data Operations Branch	5/20/2004				No data submission to the CDW for Quarter 3 ( March).
03-04 Performance Agreement 4th Quarter	Accountability 3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 20, 2004.	Data Operations Branch	9/1/2004				Missing Required Data Fields Exceeds 10% (Competancy Status & Ability to Pay).

**Accountability 1  
RiverStone**

**Corrective Actions as of the End of the Fourth Quarter 2003-2004**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 4th Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004.	Data Operations Branch	9/1/2004				Missing Substance Abuse Data Exceeds 10% (Service Type, Methadone, & UFDS).
03-04 Performance Agreement 4th Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 20, 2004.	Data Operations Branch	9/1/2004				Missing Diagnoses Exceeds 10% (Principal)
03-04 Performance Agreement 4th Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 3. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 20, 2004.	Data Operations Branch	9/1/2004				No data submission to the CDW for Quarter 4 (May & June).

**Accountability 1  
Roanoke-Chowan**

**Corrective Actions as of the End of the Fourth Quarter 2003-2004**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments

**Accountability 1  
Rockingham**

**Corrective Actions as of the End of the Fourth Quarter 2003-2004**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	3/1/2004	2/25/2004		3/4/2004	100% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03
03-04 Performance Agreement 2nd Quarter	Fiscal Management 2 (Semi-Annual SAPTBG Compliance Report). Required Corrective Action is to submit Mid-Year report within 30 days of March 1, 2004.	Quality Management	3/1/2004	3/5/2004			Semi-Annual Report, 7/1/03 - 12/31/03, submitted to Quality Management.
03-04 Performance Agreement 3rd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004	Data Operations Branch	5/20/2004			6/30/2004	97% of the expected number of initial COI's were submitted for the time 10/01/03 - 12/31/03

## Accountability 1 Sandhills

### Corrective Actions as of the End of the Fourth Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	3/1/2004			3/4/2004	94% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03
03-04 Performance Agreement 3rd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004	Data Operations Branch	5/20/2004				83% of the expected number of initial COI's were submitted for the time 10/01/03 - 12/31/03
03-04 Performance Agreement 4th Quarter	Accountability 3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 20, 2004.	Data Operations Branch	9/1/2004				Missing Required Data Fields Exceeds 10% (EAP).
03-04 Performance Agreement 4th Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 20, 2004.	Data Operations Branch	9/1/2004				Missing Substance Abuse Data Exceeds 10% (Service Type, Methadone, & UFDS).
03-04 Performance Agreement 4th Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 20, 2004	Data Operations Branch	9/1/2004				68% of the expected number of initial COI's were submitted for the time 01/01/04 - 03/31/04

## Accountability 1 Smoky Mountain

### Corrective Actions as of the End of the Fourth Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003			12/20/2003	Missing Diagnoses Exceeds 10% (Principal, Primary).
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	3/1/2004			3/4/2004	100% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03
03-04 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	3/1/2004			3/1/2004	Missing Diagnoses Exceeds 10% (Principal and Primary)
03-04 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004.	Data Operations Branch	3/1/2004			6/30/2004	Missing Substance Abuse Data Exceeds 10% (Drug of Choice).

## Accountability 1 Smoky Mountain

### Corrective Actions as of the End of the Fourth Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 3rd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004	Data Operations Branch	5/20/2004				61% of the expected number of initial COI's were submitted for the time 10/01/03 - 12/31/03
03-04 Performance Agreement 3rd Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004.	Data Operations Branch	5/20/2004			6/30/2004	Missing Substance Abuse Data Exceeds 10% (Drug of Choice).
03-04 Performance Agreement 3rd Quarter	Client Rights and Relations 1: Expected number of Consusmer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004.	Data Operations Branch	5/20/2004				82% of the expected number of the Consumer Satisfaction Surveys were received by 11/21/03.
03-04 Performance Agreement 4th Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 20, 2004.	Data Operations Branch	9/1/2004				Missing Diagnoses Exceeds 10% (Principal & Primary)

**Accountability 1  
Smoky Mountain**

**Corrective Actions as of the End of the Fourth Quarter 2003-2004**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 4th Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 20, 2004.	Data Operations Branch	9/1/2004				Missing Substance Abuse Data Exceeds 10% (Drug of Choice).
03-04 Performance Agreement 4th Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 20, 2004	Data Operations Branch	9/1/2004				49% of the expected number of initial COI's were submitted for the time 01/01/04 - 03/31/04



**Accountability 1  
Southeastern Center**

**Corrective Actions as of the End of the Fourth Quarter 2003-2004**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	3/1/2004	2/27/2004		3/4/2004	95% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03

**Accountability 1  
Southeastern Regional**

**Corrective Actions as of the End of the Fourth Quarter 2003-2004**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	3/1/2004	3/1/2004		3/4/2004	98% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03
03-04 Performance Agreement 3rd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004	Data Operations Branch	5/20/2004	5/20/2004		6/30/2004	97% of the expected number of initial COI's were submitted for the time 10/01/03 - 12/31/03
03-04 Performance Agreement 4th Quarter	Fiscal Management 2 (Semi-Annual SAPTBG Compliance Report). Required Corrective Action is to submit Year-End report within 30 days of September 1, 2004.	Quality Management	9/1/2004				No submission of Year-End Report, 1/1/04 - 6/30/04, to Quality Management.

## Accountability 1 Tideland

### Corrective Actions as of the End of the Fourth Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
02-03 Performance Agreement 3rd Quarter	Accountability 3 (Waitlist): Required Corrective Action is to submit the missing Fourth Quarter 02-03 CTSP Waitlist information for Tideland Area Program by June 15, 2003.	Child and Family Services	6/15/2003				
02-03 Performance Agreement 4th Quarter	Accountability 3 (Waitlist): Required Corrective Action is to submit the missing fourth quarter 02-03 CTSP Waitlist information for Tideland Area Program by September 15, 2003.	Child and Family Services	9/15/2003				
02-03 Performance Agreement 4th Quarter	Accountability 3 (Waitlist): Required Corrective Action is to submit the missing Fourth Quarter 02-03 CTSP Waitlist information for Tidelands Area Program by September 15, 2003.	Child and Family Services	9/15/2003				
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted with 30 days of November 20, 2003.	Data Operations Branch	11/20/2003			12/20/2003	Missing Substance Abuse Data Exceeds 10% (Service Type, Methedone, UFDS Code).
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	3/1/2004	4/5/2004			16% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03
03-04 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2004.	Data Operations Branch	2/20/2004	4/5/2004		3/31/2004	Missing Substance Abuse Data Exceeds 10% (Service Type, Methedone, UFDS Code).

**Accountability 1  
Tideland**

**Corrective Actions as of the End of the Fourth Quarter 2003-2004**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 3rd Quarter	Client Rights and Relations 1: Expected number of Consusmer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004.	Data Operations Branch	5/20/2004				58% of the expected number of the Consumer Satisfaction Surveys were received by 11/21/03.
03-04 Performance Agreement 4th Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 20, 2004.	Data Operations Branch	9/1/2004				Missing Substance Abuse Data Exceeds 10% (Service Type, Methadone, & UFDS).

**Accountability 1**  
**Vance-Warren-Granville-Franklin**

**Corrective Actions as of the End of the Fourth Quarter 2003-2004**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003			12/20/2003	Missing Substance Abuse Data Exceeds 10% (Drug of Choice).
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2004	Data Operations Branch	3/1/2004				70% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03
03-04 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2004.	Data Operations Branch	3/1/2004				Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methedone, UFDS Code).
03-04 Performance Agreement 2nd Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 1. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2004.	Data Operations Branch	3/1/2004			3/31/2003	No data submission to the CDW for Quarter 2 (December)

**Accountability 1**  
**Vance-Warren-Granville-Franklin**

**Corrective Actions as of the End of the Fourth Quarter 2003-2004**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 3rd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004	Data Operations Branch	5/20/2004				80% of the expected number of initial COI's were submitted for the time 10/01/03 - 12/31/03
03-04 Performance Agreement 3rd Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004.	Data Operations Branch	5/20/2004				Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methedone, UFDS Code).
03-04 Performance Agreement 3rd Quarter	Client Rights and Relations 1: Expected number of Consusmer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004.	Data Operations Branch	5/20/2004				64% of the expected number of the Consumer Satisfaction Surveys were received by 11/21/03.
03-04 Performance Agreement 4th Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 20, 2004.	Data Operations Branch	9/1/2004				Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methadone, & UFDS).

**Accountability 1**  
**Vance-Warren-Granville-Franklin**

**Corrective Actions as of the End of the Fourth Quarter 2003-2004**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 20, 2004	Data Operations Branch	9/1/2004				53% of the expected number of initial COI's were submitted for the time 01/01/04 - 03/31/04
03-04 Performance Agreement 4th Quarter	Fiscal Management 2 (03-04 SA/JJ Initiative Quarterly Report). Required Corrective Action is to submit Fourth Quarter report for the youth development center within 30 days of September 1, 2004.	Quality Management	9/1/2004				No submission of SA/JJ Initiative Quarterly Report, April 1, 2004 - June 30, 2004, for the youth development center to Quality Management.

## Accountability 1 Wake

### Corrective Actions as of the End of the Fourth Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	3/1/2004			2/19/2004	92% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03
03-04 Performance Agreement 3rd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004	Data Operations Branch	5/20/2004			6/30/2004	96% of the expected number of initial COI's were submitted for the time 10/01/03 - 12/31/03
03-04 Performance Agreement 3rd Quarter	Client Rights and Relations 1: Expected number of Consusmer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004.	Data Operations Branch	5/20/2004				62% of the expected number of the Consumer Satisfaction Surveys were received by 11/21/03.



**Accountability 1  
Western Highlands**

**Corrective Actions as of the End of the Fourth Quarter 2003-2004**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 2nd Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 2. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004.	Data Operations Branch	3/1/2004			3/4/2004	No data submission to the CDW for Quarter 2 (December).
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	3/1/2004				64% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03
03-04 Performance Agreement 4th Quarter	Fiscal Management 2 (Semi-Annual SAPTBG Compliance Report). Required Corrective Action is to submit Year-End report within 30 days of September 1, 2004.	Quality Management	9/1/2004				No submission of Year-End Report, 1/1/04 - 6/30/04, to Quality Management.
03-04 Performance Agreement 3rd Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 3. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 20, 2004.	Data Operations Branch	5/20/2004				Due to conversion process for Blue-Ridge, Trend, Rutherford-Polk to Western Highlands their data is incomplete.

**Accountability 1  
Western Highlands**

**Corrective Actions as of the End of the Fourth Quarter 2003-2004**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 4th Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 3. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 20, 2004.	Data Operations Branch	9/1/2004				No data submission to the CDW for Quarter 4 (April, May & June).

**Accountability 1  
Wilson-Greene**

**Corrective Actions as of the End of the Fourth Quarter 2003-2004**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments

## Accountability 2 - Accreditation

[illegible]

2003-2004 Performance Agreement  
Fourth Quarter Report  
April 1, 2004-June 30, 2004

### Accountability 3 - Submit Timely and Complete Client Data Reports

**Performance Requirement:** Submit timely and complete client data reports for all clients as specified: Client Data Warehouse (CDW)

Explanation: The following table shows admission data submitted by Area Programs to the CDW as of July 26, 2004

Area Program/County	Facility Code	APR	MAY	JUN	Fourth Quarter Adm 04	Fourth Quarter Adm 03	Monthly Average 04	Monthly Average 03
Alamance-Caswell	23051	157	128	86	371	414	124	138
Albemarle	43121	135	121	127	383	427	128	142
Catawba	13091	207	174	118	499	543	166	181
CenterPoint	23021	438	402	353	1,193	1,010	398	337
Crossroads	23011	319	337	277	933	657	311	219
Cumberland	33051	279	236	244	759	727	253	242
Duplin-Sampson-Lenoir	43081	193	193	143	529	460	176	153
Durham	23071	178	149	82	409	183	136	61
Edgecombe-Nash	43051	0	0	0	0	295	0	98
Foothills	13051	96	114	100	310	231	103	77
Guilford	23041	498	416	292	1,206	1,209	402	403
Johnston	33071	148	132	172	452	425	151	142
Lee-Harnett	33061	88	91	53	232	263	77	88
Mecklenburg								
Carolina Medic	13101	297	343	299	939	0	313	0
Child Dev. Disabilities	13102	470	373	310	1,153	782	384	261
Neuse	43071	135	107	106	348	316	116	105
New River	13030	180	198	134	512	439	171	146
Onslow	43021	105	64	27	196	288	65	96
Orange-Person-Chatham	23061	0	0	0	0	201	0	67
Pathways	13081	593	494	431	1,518	1,336	506	445
Piedmont	13121	63	0	0	63	610	21	203
Pitt	43091	152	156	162	470	443	157	148
RiverStone	43061	64	0	0	64	253	21	84
Roanoke-Chowan	43101	78	85	41	204	259	68	86
Rockingham	23031	106	97	105	308	285	103	95
Sandhills	33031	291	277	127	695	575	232	192
SE Center	43011	227	192	127	546	712	182	237
SE Regional	33041	176	203	163	542	474	181	158
Smoky Mountain	13010	222	207	247	676	662	225	221
Tideland	43111	157	103	143	403	440	134	147
V-G-F-W	23081	115	94	69	278	291	93	97
Wake	33081	296	233	216	745	420	248	140
Western Highlands	13131	0	0	0	0		0	
Wayne	43031	54	70	66	190	178	63	59
Wilson-Greene	43041	86	70	47	203	170	68	57
<b>TOTAL ADMISSIONS</b>		<b>6,603</b>	<b>5,859</b>	<b>4,867</b>	<b>17,329</b>	<b>15,978</b>	<b>5,776</b>	<b>5,326</b>

2003-2004 Performance Agreement  
Fourth Quarter Report  
April 30, 2004 - June 30, 2004

### Accountability 3 - Missing Diagnosis

**Performance Requirement: Missing Principal or Primary Diagnosis in the CDW- Not To Exceed 10%**

Explanation: The following table depicts the percentage of clients admitted during quarter 3 with a missing principal or primary diagnosis.

**Percentage of Missing Diagnoses Quarter 3 (Jan - Mar 2004)**

Area Program/County	AREA CODE	PRINCIPAL DIAGNOSIS	PRIMARY DIAGNOSIS
Alamance-Caswell	205	0%	0%
Albemarle	412	4%	3%
Blue Ridge	102	0%	0%
Catawba	109	0%	0%
CenterPoint	202	9%	7%
Crossroads	201	15%	14%
Cumberland	305	1%	1%
Davidson	302	1%	1%
EastPointe	413	20%	14%
Durham	207	0%	0%
Edgecombe-Nash	405	0%	0%
Foothills	105	34%	6%
Guilford	204	3%	2%
Johnston	307	0%	0%
Lee-Harnett	306	3%	3%
Mecklenburg	110	4%	4%
Neuse	407	3%	3%
New River	103	0%	2%
Onslow	402	3%	3%
Orange-Person-Chatham	206	0%	0%
Pathways	108	3%	2%
Piedmont	112	53%	48%
Pitt	409	3%	2%
Randolph	310	2%	2%
RiverStone	406	9%	5%
Roanoke-Chowan	410	1%	0%
Rockingham	203	0%	0%
Rutherford-Polk	106	27%	25%
Sandhills	303	2%	1%
SE Center	401	0%	1%
SE Regional	304	1%	2%
Smoky Mountain	101	12%	13%
Tideland	411	4%	3%
Trend	104	11%	7%
V-G-F-W	208	4%	4%
Wake	308	5%	5%
Wilson-Greene	404	5%	1%

2002-2003 Performance Agreement  
Fourth Quarter Report  
April 1, 2004 - June 30, 2004

### Accountability 3 - Missing Required Fields

**Performance Requirement:** Submit timely and complete client data reports for all clients as specified:

**Client Data Warehouse(CDW) - Missing Required Fields in the CDW - Not to exceed 10%**

Explanation: The following table depicts the percentage of clients admitted during Quarter 3 Jan-Mar 2004 with missing required fields. Please note: Area Programs that are shaded did not submit data to the CDW in Quarter 3.

Area Program/County	AREA CODE	STATE OF RESIDENCE	ABILITY TO PAY	COMPETANCY STATUS	EAP CODE	EDUCATION LEVEL	EMPLOYMENT STATUS	VETERAN STATUS
Alamance-Caswell	205	0%	2%	0%	1%	0%	0%	0%
Albemarle	412	0%	0%	0%	0%	0%	0%	0%
Catawba	109	0%	0%	0%	0%	0%	0%	0%
CenterPoint	202	0%	0%	0%	0%	0%	0%	0%
Crossroads	201	0%	1%	0%	0%	0%	0%	0%
Cumberland	305	0%	0%	0%	0%	0%	0%	0%
Duplin-Sampson-Lenoir	408	0%	0%	0%	1%	0%	0%	0%
Durham	207	0%	2%	1%	0%	3%	1%	1%
Edgecombe-Nash	405	0%	0%	0%	0%	0%	0%	0%
Foothills	105	0%	3%	7%	11%	3%	4%	0%
Guilford	204	0%	1%	0%	0%	0%	0%	0%
Johnston	307	0%	0%	0%	0%	0%	0%	0%
Lee-Harnett	306	0%	0%	0%	0%	0%	0%	0%
Mecklenburg	110	0%	3%	14%	0%	2%	0%	0%
Neuse	407	0%	0%	0%	0%	0%	0%	0%
New River	103	0%	0%	0%	0%	0%	0%	0%
Onslow	402	0%	0%	0%	0%	0%	0%	0%
Orange-Person-Chatham	206	0%	0%	0%	0%	0%	0%	0%
Pathways	108	0%	0%	0%	0%	0%	0%	0%
Piedmont	112	0%	0%	0%	0%	0%	3%	0%
Pitt	409	0%	0%	0%	0%	0%	0%	0%
RiverStone	406	0%	36%	35%	0%	1%	1%	0%
Roanoke-Chowan	410	0%	0%	0%	0%	0%	0%	0%
Rockingham	203	0%	0%	0%	0%	0%	0%	0%
Sandhills	303	0%	0%	3%	22%	0%	0%	2%
SE Center	401	0%	0%	0%	0%	0%	0%	0%
SE Regional	304	0%	0%	0%	0%	0%	0%	0%
Smoky Mountain	101	0%	0%	0%	0%	0%	0%	0%
Tideland	411	0%	1%	0%	0%	0%	0%	0%
V-G-F-W	208	0%	0%	0%	0%	0%	0%	0%
Wake	308	0%	0%	0%	0%	0%	0%	0%
Wayne	403	0%	0%	0%	0%	0%	0%	0%
Western Highlands	113	0%	0%	0%	0%	0%	0%	0%
Wilson-Greene	404	0%	0%	0%	0%	0%	0%	0%

2003-2004 Performance Agreement  
Fourth Quarter Report  
April 1, 2004 - June 30, 2004

### Accountability 3 - Missing Substance Abuse Data

**Performance Requirement: Missing Substance Abuse Data in the CDW- Not To Exceed 10%**

Explanation: The following table depicts the percentage of clients admitted during quarter 3 with a principal or primary diagnosis of substance abuse who were missing required substance abuse data.

**Percentage of Missing Substance Abuse Data Quarter 3 (Jan-Mar 2004)**

Area Program/County	AREA CODE	DRUG OF CHOICE	SERVICE TYPE	METHADONE	UFDS
Alamance-Caswell	205	5%	34%	34%	34%
Albemarle	412	6%	7%	7%	8%
Catawba	109	2%	2%	2%	2%
CenterPoint	202	0%	0%	0%	0%
Crossroads	201	7%	18%	18%	18%
Cumberland	305	1%	1%	1%	1%
Duplin-Sampson-Lenoir	408	2%	4%	4%	4%
Durham	207	0%	0%	0%	0%
Edgecombe-Nash	405	0%	0%	0%	0%
Foothills	105	65%	44%	44%	44%
Guilford	204	4%	6%	6%	6%
Johnston	307	0%	0%	0%	0%
Lee-Harnett	306	1%	0%	0%	0%
Mecklenburg	110	0%	0%	0%	0%
Neuse	407	0%	0%	0%	0%
New River	103	7%	7%	7%	7%
Onslow	402	2%	2%	2%	2%
Orange-Person-Chatham	206	3%	0%	0%	0%
Pathways	108	2%	2%	2%	2%
Piedmont	112	100%	100%	100%	100%
Pitt	409	6%	2%	2%	2%
RiverStone	406	6%	100%	100%	100%
Roanoke-Chowan	410	0%	1%	1%	1%
Rockingham	203	0%	0%	0%	0%
Sandhills	303	6%	23%	23%	23%
SE Center	401	2%	4%	5%	5%
SE Regional	304	1%	1%	1%	1%
Smoky Mountain	101	20%	8%	8%	8%
Tideland	411	3%	12%	12%	12%
V-G-F-W	208	14%	29%	29%	29%
Wake	308	3%	1%	1%	1%
Wayne	403	2%	0%	0%	0%
Western Highlands	113	0%	0%	0%	0%
Wilson-Greene	404	2%	3%	3%	3%



2003-2004 Performance Agreement  
Fourth Quarter Report  
April 1, 2004 - June 30, 2004

### Accountability 3 - Unknown Values in Mandatory Fields

Performance Requirement: Unknown Values in Mandatory Fields in the CDW-Not to Exceed 15%

Explanation: The following table depicts the percentage of clients admitted during quarter 3 with unknown values in mandatory data fields.

Percentage Unknown Quarter 3 (Jan-Mar 2004)

Area Program/County	AREA CODE	COUNTY	RACE	ETHNICITY	GENDER	MARITAL STATUS
Alamance-Caswell	205	0%	1%	9%	0%	3%
Albemarle	412	0%	2%	4%	0%	0%
Catawba	109	0%	0%	0%	0%	0%
CenterPoint	202	0%	0%	0%	0%	0%
Crossroads	201	0%	1%	2%	0%	2%
Cumberland	305	0%	0%	0%	0%	0%
Duplin-Sampson-Lenoir	408	0%	1%	0%	0%	2%
Durham	207	0%	0%	3%	0%	6%
Edgecombe-Nash	405	0%	0%	0%	0%	0%
Foothills	105	0%	0%	1%	0%	0%
Guilford	204	0%	0%	0%	0%	0%
Johnston	307	0%	0%	0%	0%	0%
Lee-Harnett	306	0%	0%	0%	0%	0%
Mecklenburg	110	0%	0%	1%	0%	1%
Neuse	407	0%	0%	0%	0%	0%
New River	103	0%	0%	2%	0%	2%
Onslow	402	0%	0%	0%	0%	0%
Orange-Person-Chatham	206	0%	0%	1%	0%	0%
Pathways	108	0%	0%	0%	0%	0%
Piedmont	112	21%	2%	3%	0%	1%
Pitt	409	0%	1%	0%	0%	4%
RiverStone	406	1%	0%	0%	0%	0%
Roanoke-Chowan	410	0%	0%	0%	0%	0%
Rockingham	203	0%	0%	0%	0%	0%
Sandhills	303	0%	0%	1%	0%	0%
SE Center	401	0%	0%	3%	0%	1%
SE Regional	304	0%	0%	0%	0%	0%
Smoky Mountain	101	0%	2%	1%	0%	0%
Tideland	411	0%	0%	0%	0%	1%
V-G-F-W	208	0%	0%	2%	0%	0%
Wake	308	0%	0%	0%	0%	0%
Wayne	403	0%	0%	1%	0%	0%
Western Highland	113	0%	0%	0%	0%	0%
Wilson-Greene	404	0%	0%	0%	0%	0%

**2003-2004 Performance Agreement  
Fourth Quarter Report  
April 1, 2004 - June 30, 2004**

**Accountability 3 - Client Outcome Instruments**

**Performance Requirement:** Submit timely and complete client data reports for all clients as specified:  
**Client Outcomes Instruments (COI)**

Explanation: At this time, there is only one accountability measure for client outcomes: (1) a comparison of the number of admissions where the client record number ends in a 3 or a 6 with the admissions in the CDW where the client record number ends in a 3 or a 6.

The following table is a report of initial COIs from 4/1/2004 through 6/30/2004.

1	2	3	4	5	6
Area Program Name	Admission Records Ending 3 or 6 in CDW	Admission COIs Submitted (3/6 Sampling Criterion )	NC TOPPS Admission Forms Ending in 3/6	Required Admission COIs As Percentage of CDW Admissions	% of Admission COIs and Admission NC TOPPS As Percentage of CDW
Alamance-Caswell	92	26	0	28%	28%
Albemarle	99	72	18	73%	91%
Catawba	105	105	0	100%	100%
CenterPoint	180	153	8	85%	89%
Crossroads	160	125	1	78%	79%
Cumberland	141	132	0	94%	90%
EastPointe	150	58	0	39%	39%
Durham	76	57	7	75%	84%
Foothills	51	49	0	96%	96%
Gaston-Lincoln	296	277	0	94%	94%
Guilford	242	153	22	63%	72%
Johnston	88	86	0	98%	98%
Lee-Harnett	45	45	0	100%	100%
Mecklenburg	206	119	0	58%	58%
Neuse	56	50	5	89%	90%
New River	85	76	0	89%	89%
O-P-C	59	55	1	93%	95%
Onslow	35	23	0	66%	66%
Piedmont	93	0	13	0%	14%
Pitt	53	44	5	83%	92%
River Stone	31	28	0	90%	90%
Roanoke Chowan	45	43	0	96%	96%
Rockingham	53	52	1	98%	100%
Sandhills	176	87	33	49%	68%
Smoky Mountain	140	69	0	49%	49%
Southeastern	122	81	33	66%	93%
Southeastern Reg	106	82	19	77%	95%
Tideland	83	75	4	90%	95%
V-G-F-W	64	27	7	42%	53%
Wake	156	132	15	85%	94%
Wilson-Greene	44	43	0	98%	98%
<b>Statewide Total</b>	<b>3332</b>	<b>2424</b>	<b>192</b>	<b>73%</b>	<b>79%</b>

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Accountability 3 – NC TOPPS

Performance Requirement: Submit timely and complete client data reports for all clients as specified North Carolina Treatment Outcomes and Program Performance System (NC-TOPPS)

	Program	Update Forms Expected	Criterion 1: Receipt				Criterion 2: Timeliness				Criterion 3: Completeness			
			Update Forms Received		Was 85% Benchmark Achieved?		Timely Update Forms (of # Received)		Was 85% Benchmark Achieved?		Completeness of Update Forms (of # Received)		Was 85% Benchmark Achieved?	
			#	%	Yes	No	#	%	Yes	No	#	%	Yes	No
1	Alamance-Caswell	78	24	31		No	5	21		No	14	58		No
2	Albemarle	11	0	0		No	0	0		No	0	0		No
3	Blue Ridge	51	39	76		No	19	49		No	27	69		No
4	Catawba	-	-	-	-	-	-	-	-	-	-	-	-	-
5	CenterPoint	416	225	54		No	120	53		No	221	98	Yes	
6	Crossroads	112	87	78		No	23	26		No	31	36		No
7	Cumberland	24	19	79		No	14	74		No	16	84		No
8	Davidson	8	0	0		No	0	0		No	0	0		No
9	Duplin-Sampson	-	-	-	-	-	-	-	-	-	-	-	-	-
10	Durham	85	40	47		No	16	40		No	31	78		No
11	Edgecombe-Nash	-	-	-	-	-	-	-	-	-	-	-	-	-
12	Foothills	-	-	-	-	-	-	-	-	-	-	-	-	-
13	Guilford	190	48	25		No	16	33		No	40	83		No
14	Johnston	17	17	100	Yes		9	53		No	0	0		No
15	Lee-Harnett	3	0	0		No	0	0		No	0	0		No
16	Lenoir	-	-	-	-	-	-	-	-	-	-	-	-	-
17	Mecklenburg	520	393	76		No	159	40		No	318	81		No
18	Neuse	5	5	100	Yes		1	20		No	4	80		No
19	New River	-	-	-	-	-	-	-	-	-	-	-	-	-
20	Onslow	-	-	-	-	-	-	-	-	-	-	-	-	-
21	Orange-Per.-Chat.	21	15	71		No	5	33		No	15	100	Yes	
22	Pathways	30	3	10		No	0	0		No	3	100	Yes	
23	Piedmont	177	85	48		No	51	60		No	80	94	Yes	
24	Pitt	125	95	76		No	53	56		No	60	63		No
25	Randolph	2	2	100	Yes		1	50		No	2	100	Yes	
26	RiverStone	-	-	-	-	-	-	-	-	-	-	-	-	-
27	Roanoke-Chowan	4	4	100	Yes		0	0		No	0	0		No
28	Rockingham	7	6	86	Yes		4	67		No	6	100	Yes	
29	Rutherford-Polk	1	0	0		No	0	0		No	0	0		No
30	Sandhills	256	188	73		No	87	46		No	139	74		No
31	Smoky Mountain	4	0	0		No	0	0		No	0	0		No
32a	Southeastern Area	220	165	75		No	72	44		No	128	78		No
32b	Coastal Horizons	99	98	99	Yes		68	69		No	98	100	Yes	
33	Southeastern Reg.	221	116	52		No	58	50		No	91	78		No
34	Tideland	85	41	48		No	9	22		No	33	80		No
35	Trend	1	0	0		No	0	0		No	0	0		No
36	V-G-F-W	5	0	0		No	0	0		No	0	0		No
37	Wake	207	94	45		No	53	56		No	70	74		No
38	Wayne	-	-	-	-	-	-	-	-	-	-	-	-	-
39	Wilson-Greene	-	-	-	-	-	-	-	-	-	-	-	-	-
Compliance Level: # Meeting Criterion			-		6	24			0	29			7	23

Study Sample: Update Assessments were matched to Sept. 2003, Oct. 2003, Jan. 2004, and Feb. 2004 Initial Assessments.

**Overview of NC-TOPPS:** The Community Policy Management Section requires the participation of all area programs/LMEs and substance abuse contract agencies in the North Carolina Treatment Outcomes and Program Performance System (NC-TOPPS). The completion of NC-TOPPS Initial Assessment and Update Assessment forms is required for all substance abuse clients in each of the following specialty programs and populations: (1) Opioid Treatment Programs, (2) Perinatal/Maternal Substance Abuse Programs, (3) MAJORS Substance Abuse/Juvenile Justice Programs, (4) TANF/Work First Clients in Substance Abuse Treatment, and (5) CASAWORKS Residential Programs. Through the use of these standardized assessments, NC-TOPPS measures the progress of substance abuse clients and programs in achieving well-defined outcomes across a variety of domains and dimensions. For the SFY 03-04 Performance Agreement requirement the Substance Abuse Services Section has continued the following performance measures: (1) receipt of expected Update Assessment forms, (2) timeliness of administration of Update Assessment forms, and (3) completeness of entries on 3 month Update Assessment forms (including Transfer or Discharge Assessments).

Study Sample Population: The Study Sample Population is made up of all clients who were administered a NC-TOPPS Initial Assessment on any day in the month of September 2003, October 2003, January 2004, or February 2004. Furthermore, to be included in the Study Sample Population, the client's Initial Assessment is required to be submitted to The Center for Urban Affairs and Community Services (CUACS) by the last day of the month after the Initial Assessment is administered to the client. For example, if the Initial Assessment is completed in October 2003, it must be submitted to CUACS by November 30, 2003. The July 1, 2003 Revision of the Update Assessment form is the only form accepted for data collection. This Sample Study does not evaluate an area program/LME's compliance with the requirement that Initial Assessments be completed on all clients in designated specialty programs/populations.

**Criterion 1: Receipt – Number of Update Assessments Received**

? Update Assessment forms should be received for all clients from the Study Sample Population. 3 month Update Assessments are expected to be administered 90 days from the 'Today's Date' item on the client's Initial Assessment. Update Assessments designated as 'Transfer or Discharge' can be administered before the 90 day benchmark.

To be counted as received, the client's completed Update Assessment is required to be submitted to CUACS by June 30, 2004.

A compliance benchmark of 85% has been established to measure the program's performance against this criterion, and is indicated by a 'Yes' or a 'No'.

**Criterion 2: Timeliness – Number of Timely Update Assessments Received**

? Update Assessment forms should be completed for all Initial Assessment clients from the Study Sample Population.

3 month Update Assessment forms should be administered to clients no earlier than 76 days and no later than 104 days following the Initial Assessment and must be submitted to CUACS by the last day of the month after the Update is due. For example, if the Update is due in December 2003, it must be submitted to CUACS by January 31, 2004. Update Assessments designated as 'Transfer or Discharge' will be considered timely even if completed earlier than 76 days following the Initial Assessment.

The timeliness timeframe in which an Update Assessment form is expected to be administered is based on the "Today's Date" field on the Initial Assessment form. The timeliness of the Update Assessment forms are handled by the definitions specified below.

Initial Assessment Date = "Today's Date" from Initial Assessment form

Update "Today's Date" from Update Assessment form

Timeframe for 3 month Update Assessments expected to be administered for clients:

3 month = Count of [(Initial Assessment Date) + (90 days)]

Timeframe for 3 month Update Assessments to be administered as Timely for continuing treatment clients:

3 month = Count of [(76 days ? ((Update Assessment Date) – (Initial Assessment Date)) ? 104)]

Timeframe for Update Assessments to be administered Timely for 'Transfer or Discharge' clients:

= Count of [(Update Assessment Date - Initial Assessment Date) ? 104]

A compliance benchmark of 85% has been established to measure the program's performance against this criterion, and is indicated by a 'Yes' or a 'No'.

**Criterion 3: Completeness – Number of Completed Update Assessments Received**

? Designated items on the Update Assessment forms should be fully completed.

The completeness of forms received from each Area Program/LME or contract agency is determined by the percentage of Update Assessment forms received that include a minimum number of designated items completed. For example, if an area program/LME has returned 7 forms, and 6 of these forms include at least 25 of the 28 designated items complete, the area program/LME percentage would be 85.7%, or 6 divided by 7.

For clients present for an in-person interview, 28 designated items on the Update Assessment are evaluated for completeness. For the Performance Agreement criterion to be achieved, at least 25 of the 28 designated items must be fully completed.

For clients who are not present for an in-person interview, 25 designated items on the Update Assessment are evaluated for completeness. For the Performance Agreement criterion to be achieved, at least 22 of the 25 designated items must be fully completed.

A compliance benchmark of 85% has been established to measure the program's performance against this criterion, and is indicated by a 'Yes' or a 'No'.

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### Accountability 3 - CTSP Waiting List

Performance Requirement: Submit timely and complete client data reports for all clients as specified: The Local Community Collaborative will submit Comprehensive Treatment Services Program (At Risk Children) waiting list data on a quarterly basis.

Area Program/County	Waiting List Data Submitted
Alamance-Caswell	Yes
Albemarle	Yes
Blue Ridge	Yes
Catawba	Yes
CenterPoint	Yes
Crossroads	Yes
Cumberland	Yes
Davidson	Yes
Duplin-Sampson-Lenoir	Yes
Durham	Yes
Eastpointe	Yes
Edgecombe-Nash	Yes
Foothills	Yes
Guilford	Yes
Johnston	Yes
Lee-Harnett	Yes
Mecklenburg	Yes
Neuse	Yes
New River	Yes
Onslow	Yes
Orange-Person-Chatham	Yes
Pathways	Yes
Piedmont	Yes
Pitt	Yes
Randolph	Yes
RiverStone	Yes
Roanoke-Chowan	Yes
Rockingham	Yes
Rutherford-Polk	Yes
Sandhills Center	Yes
Smoky Mountain	Yes
Southeastern Center	Yes
Southeast Regional	Yes
Tideland	Yes
Trend	Yes
Vance-Granville-Franklin-Warren	Yes
Wake	Yes
Western Highlands	Yes
Wilson-Greene	Yes

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### Accountability 3

**Performance Requirement:** Submit timely and complete NCSNAP (report) for all clients as specified by the Division of MH/DD/SAS.

**Performance Measurement:**

0 = Unacceptable (No updated reports; report submitted on or after the 30th of the reporting month).

1 = Inadequate (Incomplete reports; data submitted after the 15th but before the 30th of the reporting month).

2 = Adequate (Reports updated and complete; reports submitted on or before the 15th of the reporting month).

County Program/Area Authority	Score	Rating
Alamance-Caswell	2	Adequate
Albemarle	2	Adequate
Catawba	2	Adequate
CenterPoint	2	Adequate
Crossroads	2	Adequate
Cumberland	2	Adequate
Eastpoint	2	Adequate
Durham	2	Adequate
Edgecombe-Nash	2	Adequate
Foothills	2	Adequate
Guilford	2	Adequate
Johnston	2	Adequate
Lee-Harnett	2	Adequate
Mecklenburg	2	Adequate
Neuse	2	Adequate
New River	2	Adequate
Onslow	2	Adequate
Orange-Person-Chatham	2	Adequate
Pathways	2	Adequate
Piedmont	2	Adequate
Pitt	2	Adequate
Riverstone	2	Adequate
Roanoke-Chowan	2	Adequate
Rockingham	2	Adequate
Sandhills	2	Adequate
Smoky Mountain	2	Adequate
Southeastern Center	2	Adequate
Southeastern Regional	2	Adequate
Tideland	2	Adequate
V-G-F-W	2	Adequate
Wake	2	Adequate
Western Highlands	2	Adequate
Wilson-Greene	2	Adequate